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UNITED NATIONS POPULATION FUND

Draft country programme document for Swaziland*

Proposed UNFPA assistance:	$5.6 million: $1.8 million from regular resources and $3.8 million through co-financing modalities and/or other, including regular, resources
Programme period:	5 years (2006-2010)
Cycle of assistance:	Fourth
Category per decision 2005/13:	B

Proposed assistance by core programme area (in millions of $):

	Regular resources	Other	Total
Reproductive health	0.9	1.8	2.7
Population and development	0.4	2.0	2.4
Programme coordination and assistance	0.5	-	0.5
Total	1.8	3.8	5.6

*The transition to the harmonized programming process called for in decision 2001/11 and the completion of required national processes to develop draft country programme documents have delayed submission of the present document.

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I. Situation analysis

1. Swaziland has a population of 1.1 million. Although it is a lower middle-income country, it has experienced slow economic growth and a decline in per capita gross domestic product during the past few years. Sixty-nine per cent of the population lives in rural areas and earns less than $11 per month. Swaziland is facing the triple threat of food insecurity, a weakened capacity for governance, and devastation from HIV/AIDS. The HIV prevalence rate is among the highest in the world.

2. Illness and death from HIV/AIDS are undermining national efforts to achieve the Millennium Development Goals (MDGs). Among women receiving antenatal care, HIV prevalence rose from 3.9 per cent in 1992 to 42.6 per cent in 2004. As a result of AIDS, life expectancy is projected to decrease significantly, from 59 years in 2001 to 38 years by 2015.

3. The maternal mortality ratio has increased from 110 deaths per 100,000 live births to 229 deaths per 100,000 live births. The high maternal mortality ratio is exacerbated by: (a) the high HIV infection rate among pregnant women; (b) weak community-based sexual and reproductive health services; (c) high turnovers of service providers; and (d) a lack of technical capacity. There is a need to expand antenatal care, which declined from 98 per cent in the 1990s to 93 per cent in 2002, and to scale up efforts to prevent mother-to-child transmission of HIV/AIDS.

4. The highest rate of HIV infection is among 25-29 year olds, who have a prevalence rate of 56.3 per cent. Young people are especially vulnerable to contracting sexually transmitted infections (STIs), including HIV/AIDS, due to unsafe sexual practices and multiple partners. Such practices, coupled with behavioural and socio-economic factors, help to fuel the epidemic, which is intergenerational. Older men have sexual liaisons with young girls, who also have sexual relationships with boys their age. Gender-based violence, traditional practices such as wife inheritance, and the low status of women also contribute to the spread of HIV/AIDS.

5. Swaziland is providing antiretroviral treatment to approximately 10,000 people. Although voluntary counselling and testing facilities are widely available, services are hampered by shortages of staff caused by HIV/AIDS and the brain drain.

6. Swaziland is a patriarchal society characterized by gender inequalities, which have hampered efforts to address the HIV/AIDS epidemic. Women and young girls are susceptible to sexual exploitation and abuse. Their economic dependency and lack of access to basic resources, such as land, have exacerbated their vulnerability to HIV/AIDS. The Government has initiated a number of initiatives to address gender inequality, including efforts to: (a) adopt a new constitution; (b) implement the Convention on the Elimination of All Forms of Discrimination against Women; and (c) review the marriage, maintenance and administration of estate acts.

7. Large segments of the population are dependent on low wages and subsistence agriculture. Sixty-seven per cent of the population lives below the income poverty line, estimated at $570. Forty per cent of youth are unemployed, leading to an increased sense of hopelessness, alcohol abuse and risky sexual behaviour. Large parts of the country are subject to annual natural disasters such as droughts, which have had devastating impacts on the population.

II. Past cooperation and lessons learned

8. Previous UNFPA assistance helped Swaziland to: (a) develop a national reproductive health strategic framework and a

plan of action; (b) provide training at home and abroad for sexual and reproductive health programme managers and service providers; (c) begin preparation of a reproductive health policy; (d) conduct a community health survey; and (e) obtain needed equipment and technical assistance. These interventions helped to increase the contraceptive prevalence rate to 40.1 per cent in 2002. However, the use of condoms as a dual method of protection against unwanted pregnancies and STIs is still low. There is a need to increase national capacity to integrate HIV/AIDS components into sexual and reproductive health programmes.

9. In the area of population and development, UNFPA assistance helped to: (a) establish a population unit within the Ministry of Economic Planning and Development; (b) provide support to the 1997 population census; (c) develop a population policy; and (d) train national counterparts in population and development and in gender mainstreaming. Although UNFPA has provided support to the population unit in the Ministry of Economic Planning and Development, it has been understaffed due to staff turnover.

10. Lessons learned during the third country programme include the need to: (a) increase involvement in national poverty-reduction efforts that address gender issues and the needs of poor women and men; (b) ensure a coherent programme approach; (c) make community mobilization and involvement an integral part of reproductive health and HIV prevention interventions; (d) ensure that coordination mechanisms are in place prior to the start of the programme; (e) address gender issues more vigorously, particularly in a context where gender inequality is fuelling the spread of HIV/AIDS; (f) accompany contraceptive supply efforts with accurate and timely information about the demand for female condoms; and (g) promote partnerships with non-governmental organizations (NGOs) to increase capacity in programme implementation.

III. Proposed programme

11. The Government developed the proposed programme in accordance with the United Nations Development Assistance Framework (UNDAF) and with the active involvement of national stakeholders. The programme is harmonized with those of other United Nations Development Group Executive Committee agencies in Swaziland. It is aligned with the principles of the Programme of Action of the International Conference on Population and Development and will assist in implementing the MDGs, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, and the national development policy of the Government.

12. The goal of the programme is to contribute to an improved quality of life of the population and to reduce poverty by: (a) improving reproductive health, gender equality and gender equity; (b) preventing HIV/AIDS, especially in young people; (c) improving data collection and management; and (d) strengthening capacity-building and partnerships.

13. The programme will support advocacy, resource mobilization and coordination efforts through mechanisms such as the United Nations country team. UNFPA will continue to address issues related to the triple threat through joint programming with other United Nations agencies, with a focus on combating HIV/AIDS among young people and improving programme and policy implementation.

Reproductive health component

14. The reproductive health component will focus on preventing HIV, mitigating its impact and providing high-quality reproductive health services, including essential obstetric care, in intervention areas. The expected outcomes of this component are: (a) reduced incidence of risky behaviour, especially among vulnerable groups, through comprehensive interventions; (b) increased access to reproductive health

services, commodities and supplies by high-risk and vulnerable groups, especially youth and women; and (c) the establishment of planning, coordinating, partnership, monitoring and evaluation, and resource-mobilization systems and mechanisms to improve the capacity to respond to the HIV/AIDS epidemic.

15. Mobilizing communities to create demand for high-quality reproductive health services will be a key strategy of the programme. Efforts will target all segments of the population, including political leaders, traditional and religious leaders, elders, parents and young people. The initiatives will seek to create an environment conducive to behaviour change, so as to improve access to and utilization of services by young people and women in the fight against HIV/AIDS.

16. Output 1: Increased life-skills training and the provision of high-quality information to empower youth, men and women to adopt safe sexual behaviour. This output will be achieved by: (a) providing life-skills training and by identifying behaviour change communication approaches for vulnerable groups; and (b) strengthening the interpersonal communication and counselling skills of health-care providers. UNFPA will undertake joint programming with the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF).

17. Output 2: Increased access to high-quality sexual and reproductive health and HIV/AIDS services for women and girls, particularly in areas affected by severe drought. The programme will increase: (a) access to youth-friendly health-care services; (b) youth involvement in HIV/AIDS prevention programmes; (c) knowledge of and access to counselling; (d) knowledge of and access to condoms; (e) support to women's groups to provide sexual and reproductive health and HIV/AIDS services in areas affected by severe drought.

18. Other activities under this output will include: (a) training service providers to provide high-quality, youth-friendly services and to address domestic and gender-based violence; and (b) strengthening national capacity to coordinate the procurement, management and distribution of reproductive health commodities. The programme will develop protocols and training manuals and train programme partners on reproductive health in emergency settings.

19. Output 3: Improved community involvement, participation and ownership in HIV/AIDS prevention, emphasizing male involvement. This output will be achieved by: (a) developing a national behaviour change communication strategy targeting men; (b) developing training materials on sexual and reproductive health and HIV/AIDS issues for the media; (c) sensitizing members of parliament on gender-based violence and on sexual and reproductive health issues; (d) establishing male support centres; (e) training community leaders on coordinating sexual and reproductive health and HIV/AIDS services; (f) establishing and managing 55 *Tinkhundla* (traditional administrative units) youth committees; and (g) promoting networking and coalition-building among sexual and reproductive health and HIV/AIDS programme partners to support women's groups and young people.

Population and development component

20. The outcome of this component is a strengthened national statistical system to ensure the effective development and application of tools for evidence-based policymaking. This component will seek to forge a better understanding of the linkages between population dynamics, poverty, and the demographic and socio-economic causes and consequences of the HIV/AIDS epidemic. It will help to formulate and implement national policies and programmes aimed at mitigating the consequences of the epidemic, alleviating

poverty and achieving gender equality and equity.

21. Output 1: Improved availability and utilization of age- and sex-disaggregated data for planning, implementing, monitoring and evaluating the poverty reduction strategy and development plans. This output will be achieved by: (a) developing improved systems for data collection, analysis, dissemination and utilization, to track progress in attaining the MDGs and to track HIV/AIDS trends; (b) providing technical support for the 2007 population census; and (c) building leadership and technical capacities for programme management. The activities will be undertaken through joint programming with UNDP and UNICEF.

22. Output 2: Increased knowledge of and commitment to an expanded HIV/AIDS response, gender issues and women's empowerment among national and local leaders. This output will be achieved by: (a) strengthening gender mainstreaming by leveraging resources for disadvantaged groups; and (b) strengthening national and community capacity to combat gender-based violence and address practices that contribute to the spread of HIV/AIDS.

23. This output will support national and regional networks of women parliamentarians on population, gender and development to strengthen the commitment and leadership of the Government and other stakeholders. The output aims to create an enabling environment to: (a) foster scaled-up multisectoral responses; (b) improve access to food for vulnerable households; and (c) increase awareness of and support for the rights or young people, women and other vulnerable groups. These activities will be implemented through joint programming initiatives with the United Nations World Food Programme and UNDP.

IV. Programme management, monitoring and evaluation

24. The programme will develop and strengthen institutional and human resource capacities at various levels. It will promote partnerships among the Government, civil society and communities. Technical assistance will be an integral component of support and capacity-building.

25. The programme will employ the national execution modality. The Ministry of Economic Planning, through the national population unit, will coordinate the programme. Other collaborating institutions will include the Ministry of Health and Social Welfare, NGOs, and religious, traditional and community-based organizations. The programme will forge partnerships with other United Nations agencies to maximize the impact of development efforts within the context of the United Nations reform processes.

26. The programme will emphasize decentralized implementation, monitoring and evaluation. It will adhere to UNFPA procedures and guidelines and will also follow MDG and UNDAF monitoring and evaluation guidelines. A final evaluation will be conducted in 2010. The country office will develop a resource mobilization strategy.

27. The UNFPA country office in Swaziland consists of a country director, who resides in Botswana; an assistant representative; a national programme officer; and two support staff. Programme funds will be earmarked for a national programme post and a driver, within the framework of the approved UNFPA country office typology.

28. To strengthen the capacity of the country office to implement the programme, UNFPA will appoint a full-time UNFPA representative for Swaziland. National and international technical and programme personnel will also be recruited to strengthen programme implementation. The UNFPA Country Technical Services Team in Harare, Zimbabwe, will provide strategic technical support.

RESULTS AND RESOURCES FRAMEWORK FOR SWAZILAND

National priority: to enhance the quality of life of the population and to reduce poverty by: (a) improving reproductive health, gender equality and equity; (b) reducing HIV/AIDS; and (c) harmonizing population dynamics for sustainable development

UNDAF outcomes: (a) a strengthened and intensified multisectoral national response to HIV/AIDS; and (b) improved access to basic social services, especially for vulnerable and disadvantaged groups

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health	Outcome: Reduced incidence of risky behaviour, especially among vulnerable groups, through comprehensive interventions Outcome indicators: • By 2010, consistent condom use by men will increase by 70% • 60% of secondary schools will provide sexual and reproductive health education sessions • By 2010, utilization of sexual and reproductive health services increased by 30% Baseline: Behavioural surveillance study; CCA; Clinic annual attendance reports Outcome: Increased access to reproductive health services, commodities and supplies by high-risk and vulnerable groups, especially youth and women Outcome indicators: • By 2010, increased contraceptive prevalence by 10% • 10% reduction in HIV infection rates among 15-19 year olds Baseline: Sentinel survey reports; CCA/UNDAF; community health survey Outcome: The establishment of planning, coordination, partnership, monitoring and evaluation, and resource-mobilization systems and structures to improve the capacity to respond to the HIV/AIDS epidemic Outcome indicators: • Integration of HIV/AIDS prevention programme into the community development programme increased by 60% • Approved sexual reproductive health policy, gender policy and national implementation plan • Convention on the Elimination of All Forms of Discrimination against Women implemented Baseline: National development strategy; CCA/UNDAF; behavioural surveillance study	Output 1: Increased life-skills training and the provision of high-quality information to empower youth, men and women to adopt safe sexual behaviour Output indicators: • 40% of teachers have been trained in life skills and have established life-skills committees in their schools • 30 Tinkhundlas integrating sexual and reproductive health services, including HIV/AIDS prevention, into their development programmes Baseline: 2006-2010 schools reports; CCA/UNDAF Output 2: Increased access to high-quality sexual and reproductive health and HIV/AIDS services for women and girls, particularly in areas affected by severe drought Output indicators: • 60% of service providers and peer educators equipped with technical skills to provide youth-friendly services and services to address gender-based violence • 50 youth-friendly centres established • 70 health facilities providing services to prevent mother-to-child transmission • National condom strategy in place to improve condom supply and enhance the distribution of female and male condoms Baseline: Health survey report; CCA/UNDAF; 2006-2010 annual health reports Output 3: Improved community involvement, participation and ownership in HIV/AIDS prevention, emphasizing male involvement Output indicators: • National behaviour change and communication strategy in place to strengthen information, education and communication interventions • Media personnel sensitized on sexual and reproductive health and HIV/AIDS issues and provided with technical training • Members of parliament sensitized on gender-based violence and on sexual and reproductive health issues • New male support centres established and functional • Community leaders trained in coordinating HIV/AIDS prevention programmes	• Ministry of Education; Ministry of Health and Social Welfare • UNICEF • Ministry of Health and Social Welfare • UNICEF; UNDP; United Nations Joint Programme on HIV/AIDS (UNAIDS); United Nations World Food Programme (WFP)	$2.7 million ($1.8 million from regular resources and $0.9 million from other resources)

Programme component	Country programme outcomes, indicators, baselines and targets	Country programme outputs, indicators, baselines and targets	Partners	Indicative resources by programme component
Reproductive health (cont'd)		• Community-based coordination mechanism and strengthened community-based programmes in all regions • 55 Tinkhundla youth committees established Baseline: CCA/UNDAF; community development reports; community health survey		
UNDAF outcome: to enhance and strengthen the capacity of key national- and local-level institutions for improved governance				
Population and development	Outcome: A strengthened national statistical system to ensure the effective development and application of tools for evidence-based policymaking Outcome indicators: • 30% increase in human resources and skills in the population unit and in the Central Statistics Office • Harmonized national reporting tools developed and used to report to the public accounts committee Baseline: Central Statistics Office reports, CCA/UNDAF	Output 1: Improved availability of and utilization of age- and sex-disaggregated data for planning, implementing, monitoring and evaluating the poverty reduction strategy and development plans Output indicators: National database on HIV/AIDS activities disaggregated by gender, age and geographical location developed and utilized • 30% of national projects with monitoring and evaluation tools, based on national data • 20 monitoring and evaluation sector committees established • 70% of service providers trained in monitoring and evaluation • Two regions generating and managing their own data Baseline: CCA/UNDAF; budget reports Output 2: Increased knowledge of and commitment to an expanded HIV/AIDS response, gender issues and women's empowerment among national and local leaders Output indicators: • Men participating in gender and HIV/AIDS community meetings increased by 20% • 60% of leadership positions occupied by women • 40% reduction in gender-based violence Baseline: Community reports; police reports; CCA/UNDAF	UNDP, UNICEF, WHO, WFP WHO, UNAIDS	$2.4 million ($0.4 million from regular resources and $2 million from other resources) Total for programme coordination and assistance: $0.5 million from regular resources